

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Nurses United for Patient Protection

ADDRESS (number and street) ▼

8630 Fenton Street, Suite 1100

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00490375

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2015

through

M M M / D D D / Y Y Y Y Y Y
12 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Martha Kuhl

Signature of Treasurer

Martha Kuhl

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 31 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Nurses United for Patient Protection

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		147329.84
(b) Cash on Hand at Beginning of Reporting Period.....	244536.11	
(c) Total Receipts (from Line 19)	2222523.34	2349523.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2467059.45	2496853.18
7. Total Disbursements (from Line 31)	1333014.70	1362808.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1134044.75	1134044.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Nurses United for Patient Protection

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

0.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

2222523.34

2222523.34

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

2222523.34

2222523.34

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

127000.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

2222523.34

2349523.34

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

2222523.34

2349523.34

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	18721.01	18721.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18721.01	18721.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	245000.00	245000.00
24. Independent Expenditures (use Schedule E)	918493.69	918493.69
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	150800.00	180593.73
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1333014.70	1362808.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1333014.70	1362808.43

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2222523.34	2222523.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2222523.34	2222523.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	18721.01	18721.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	127000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	18721.01	-108278.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 53
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. National Nurses United

Mailing Address 8630 Fenton Street
Suite 1100

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2222523.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : C9818549

Amount of Each Receipt this Period

249975.70

Full Name (Last, First, Middle Initial)

B. National Nurses United

Mailing Address 8630 Fenton Street
Suite 1100

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2222523.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : C9818550

Amount of Each Receipt this Period

1370397.83

Full Name (Last, First, Middle Initial)

C. National Nurses United

Mailing Address 8630 Fenton Street
Suite 1100

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2222523.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : C9818551

Amount of Each Receipt this Period

234135.35

SUBTOTAL of Receipts This Page (optional)..... ►

1854508.88

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 53
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. National Nurses United

Mailing Address 8630 Fenton Street
Suite 1100

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2222523.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : C9818552

Amount of Each Receipt this Period

106195.16

Full Name (Last, First, Middle Initial)

B. National Nurses United

Mailing Address 8630 Fenton Street
Suite 1100

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2222523.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : C9818553

Amount of Each Receipt this Period

252618.96

Full Name (Last, First, Middle Initial)

C. National Nurses United

Mailing Address 8630 Fenton Street
Suite 1100

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2222523.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : C9818554

Amount of Each Receipt this Period

9200.34

SUBTOTAL of Receipts This Page (optional)..... ►

368014.46

TOTAL This Period (last page this line number only)..... ►

2222523.34

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 53

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. Autumn Press

Mailing Address 945 Camelia St

City Berkeley State CA Zip Code 94710-1437

Purpose of Disbursement
Printing for PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2015
Transaction ID : D691234

Amount of Each Disbursement this Period

1134.91

Full Name (Last, First, Middle Initial)

B. Autumn Press

Mailing Address 945 Camelia St

City Berkeley State CA Zip Code 94710-1437

Purpose of Disbursement
Printing for PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015
Transaction ID : D693071

Amount of Each Disbursement this Period

7418.31

Full Name (Last, First, Middle Initial)

C. California Nurses Association

Mailing Address 2000 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Office supplies for PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2015
Transaction ID : D693076

Amount of Each Disbursement this Period

1803.61

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10356.83

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

National Nurses United for Patient Protection

A. ELead Resources

Category/
Type

7516.72

State: District:

B. Michael Konopacki

M M / D D / Y Y Y Y
12 17 2015

Category/
Type

600.00

State: District:

C.

Category/
Type

State: District:

8116.72

18473.55

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. Progressive Kick

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Mailing Address 1904 Franklin St
Ste 725City State Zip Code
Oakland CA 94612-2924Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : D693059**

Amount of Each Disbursement this Period

200000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Progressive Kick

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Mailing Address 1904 Franklin St
Ste 725City State Zip Code
Oakland CA 94612-2924Purpose of Disbursement
Contribution

Candidate Name

Category/
Type**Transaction ID : D693067**

Amount of Each Disbursement this Period

45000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

245000.00

TOTAL This Period (last page this line number only)..... ►

245000.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

National Nurses United for Patient Protection

150000.00

150800.00

Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2015	
Mailing Address 1101 8th Street		Amount 3391.50	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D681432
Purpose of Expenditure Printing & shipping	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 28 / 2015	
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President	<input type="checkbox"/> House <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought	645099.79	Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	3419.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date _____

Signature

Full Name of Payee ELead Resources		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2015	
Mailing Address 314 W Superior St		Amount 4029.30	
City Chicago	State IL	Zip Code 60654	Transaction ID : D681434
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 28 / 2015	
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	8240.02
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date _____

Signature

Three digital display units are shown, each with a date format. The first unit shows '01' under 'M M', the second shows '31' under 'D D', and the third shows '2015' under 'Y Y Y Y'.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 14 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2015	
Mailing Address 1101 8th Street		Amount 1200.00	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D681453
Purpose of Expenditure Printing		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 28 / 2015
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee ELead Resources		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2015	
Mailing Address 314 W Superior St		Amount 21669.03	
City Chicago	State IL	Zip Code 60654	Transaction ID : D681454
Purpose of Expenditure Printing & shipping		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 28 / 2015
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		22869.03	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Martha Kuhl		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2015	
		[Electronically Filed]	

Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2015</div> </div>	
Mailing Address 945 Camelia St		Amount <div> <div>5196.59</div> </div>	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D681416 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2015</div> </div>
Purpose of Expenditure Printing		Category/ Type	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought		<div> <div>645099.79</div> </div>	District: <u>00</u> State: <u>DC</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>8028.45</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 16 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Autumn Press			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2015</div>		
Mailing Address 945 Camelia St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">249.89</div>		
City Berkeley		State CA	Zip Code 94710-1437		Transaction ID : D681417
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2015</div>	
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>DC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">645099.79</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Alliance Graphics			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2015</div>		
Mailing Address 1101 8th Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10325.08</div>		
City Berkeley		State CA	Zip Code 94710		Transaction ID : D681418
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2015</div>	
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>DC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">645099.79</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">10574.97</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Martha Kuhl</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 31 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 17 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Alliance Graphics			Date of Public Distribution/Dissemination MM / DD / YYYYYY 09 / 25 / 2015	
Mailing Address 1101 8th Street			Amount 5351.73	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D681419	
Purpose of Expenditure Printing		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYYYY 09 / 25 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee National Nurses United			Date of Public Distribution/Dissemination MM / DD / YYYYYY 09 / 25 / 2015	
Mailing Address 2000 Franklin Street			Amount 723.30	
City Oakland	State CA	Zip Code 94612	Transaction ID : D681431	
Purpose of Expenditure Shipping		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYYYY 09 / 25 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			6075.03	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Martha Kuhl</i>		[Electronically Filed]		Date MM / DD / YYYYYY 01 / 31 / 2015

Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2015	
Mailing Address 1101 8th Street		Amount 28488.73	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D681441
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2015	
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President	<input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2015</div> </div>	
Mailing Address 945 Camelia St		Amount <div> <div></div> <div>19423.85</div> </div>	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D681473 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2015</div> </div>
Purpose of Expenditure Printing	Category/ Type		
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>645099.79</div> </div>		District: <u>00</u> State: <u>DC</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	47912.58
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 19 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2015		
Mailing Address 945 Camelia St		Amount 17968.08		
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D681474	
Purpose of Expenditure Printing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2015		
Mailing Address 945 Camelia St		Amount 5249.68		
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D681737	
Purpose of Expenditure Printing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		23217.76		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Martha Kuhl		[Electronically Filed]		Date MM / DD / YYYY 01 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 20 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Autumn Press			Date of Public Distribution/Dissemination 10 / 07 / 2015	
Mailing Address 945 Camelia St			Amount 3950.66	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D681738	
Purpose of Expenditure Printing		Category/Type 	Date of Disbursement or Obligation 10 / 07 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Alliance Graphics			Date of Public Distribution/Dissemination 10 / 07 / 2015	
Mailing Address 1101 8th Street			Amount 10325.08	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D681936	
Purpose of Expenditure Printing		Category/Type 	Date of Disbursement or Obligation 10 / 08 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			14275.74	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Martha Kuhl</i>		[Electronically Filed]		Date 01 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER C C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2015
Mailing Address 1101 8th Street		Amount 5110.50
City Berkeley	State CA	Zip Code 94710
Purpose of Expenditure Printing	Category/ Type	Transaction ID : D681937 Date of Disbursement or Obligation MM / DD / YYYY 10 / 08 / 2015
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2015
Mailing Address 1101 8th Street		Amount 4901.02
City Berkeley	State CA	Zip Code 94710
Purpose of Expenditure Printing	Category/ Type	Transaction ID : D681938 Date of Disbursement or Obligation MM / DD / YYYY 10 / 08 / 2015
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10011.52
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl
Signature

[Electronically Filed]

Date 01 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 22 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2015		
Mailing Address 945 Camelia St		Amount 3020.70		
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D682086	
Purpose of Expenditure Printing		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2015		
Mailing Address 945 Camelia St		Amount 446.61		
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D682087	
Purpose of Expenditure Printing		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		3467.31		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Martha Kuhl		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2015

Full Name of Payee ELead Resources		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 12 / 2015</div> </div>	
Mailing Address 314 W Superior St		Amount <div> <div>MM / DD / YYYY</div> <div>56773.55</div> </div>	
City Chicago	State IL	Zip Code 60654	Transaction ID : D682326
Purpose of Expenditure Printing & shipping		Category/ Type	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 12 / 2015</div> </div>
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>645099.79</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57068.74
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 24 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2015	
Mailing Address 1101 8th Street		Amount 2387.66	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D682327
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2015	
Mailing Address 1101 8th Street		Amount 6368.47	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D682328
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		8756.13	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Martha Kuhl		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 25 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 12 / 2015
Mailing Address 945 Camelia St		Amount 26606.82
City Berkeley	State CA	Zip Code 94710-1437
Purpose of Expenditure Printing	Category/Type	Transaction ID : D682393 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2015
Mailing Address 1101 8th Street		Amount 777.79
City Berkeley	State CA	Zip Code 94710
Purpose of Expenditure Printing	Category/Type	Transaction ID : D682569 Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2015
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	27384.61
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 26 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee National Nurses United			Date of Public Distribution/Dissemination 10 / 16 / 2015	
Mailing Address 2000 Franklin Street			Amount 184.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D683008	
Purpose of Expenditure Music use licensing fee		Category/ Type 	Date of Disbursement or Obligation 10 / 19 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Alliance Graphics			Date of Public Distribution/Dissemination 10 / 21 / 2015	
Mailing Address 1101 8th Street			Amount 7180.18	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D683093	
Purpose of Expenditure Printing		Category/ Type 	Date of Disbursement or Obligation 10 / 21 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			7364.18	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Martha Kuhl</i>		[Electronically Filed]		Date 01 / 31 / 2015

Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2015	
Mailing Address 1101 8th Street		Amount 2486.92	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D683270
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2015	
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate	District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	3098.98
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 28 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015		
Mailing Address 945 Camelia St		Amount 2726.01		
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D683341	
Purpose of Expenditure Printing		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015		
Mailing Address 945 Camelia St		Amount 1132.55		
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D683342	
Purpose of Expenditure Printing		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		3858.56		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Martha Kuhl		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2015		
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 29 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Postal Systems, Inc.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015	
Mailing Address 1890 North Blvd.		Amount 2294.07	
City San Leandro	State CA	Zip Code 94577	Transaction ID : D683343
Purpose of Expenditure Postage	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lamar Companies		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2015	
Mailing Address PO Box 96030		Amount 8250.00	
City Baton Rouge	State LA	Zip Code 70896	Transaction ID : D689882
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		10544.07	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Martha Kuhl		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 30 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lamar Companies		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2015		
Mailing Address PO Box 96030		Amount 56000.00		
City Baton Rouge	State LA	Zip Code 70896	Transaction ID : D689883	
Purpose of Expenditure Printing		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Outfront Media		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2015		
Mailing Address PO Box 33074		Amount 13676.00		
City Newark	State NJ	Zip Code 07188	Transaction ID : D689884	
Purpose of Expenditure Printing		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		69676.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Martha Kuhl		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2015

Full Name of Payee Lamar Companies		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2015	
Mailing Address PO Box 96030		Amount 5560.00	
City Baton Rouge	State LA	Zip Code 70896	Transaction ID : D689886
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2015	
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President	<input type="checkbox"/> House <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought	645099.79	Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34685.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 32 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Clear Channel Outdoor		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2015
Mailing Address PO Box 591790		Amount 45300.00
City San Antonio	State TX	Zip Code 78259-0139
Purpose of Expenditure Printing	Category/Type	Transaction ID : D689894 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2015
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought 137019.01		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Clear Channel Outdoor		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 30 / 2015
Mailing Address PO Box 591790		Amount 7400.00
City San Antonio	State TX	Zip Code 78259-0139
Purpose of Expenditure Print advertising	Category/Type	Transaction ID : D689895 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2015
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought 137019.01		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	52700.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 33 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Clear Channel Outdoor			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 30 / 2015</div>		
Mailing Address PO Box 591790			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">32250.00</div>		
City San Antonio		State TX	Zip Code 78259-0139		Transaction ID : D690710
Purpose of Expenditure Print advertising		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 04 / 2015</div>	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">103164.16</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Autumn Press			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 07 / 2015</div>		
Mailing Address 945 Camelia St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">466.32</div>		
City Berkeley		State CA	Zip Code 94710-1437		Transaction ID : D689917
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 06 / 2015</div>	
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">645099.79</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;">32716.32</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Martha Kuhl</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 31 / 2015</div>		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 53
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Campaign Workshop			Date of Public Distribution/Dissemination 11 / 11 / 2015		
Mailing Address 1129 20th Street, Suite 200			Amount 23824.24		
City Washington		State DC	Zip Code 20036		Transaction ID : D689918
Purpose of Expenditure Online advertising		Category/Type 		Date of Disbursement or Obligation 11 / 06 / 2015	
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought 645099.79			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lamar Companies			Date of Public Distribution/Dissemination 11 / 16 / 2015		
Mailing Address PO Box 96030			Amount 19687.50		
City Baton Rouge		State LA	Zip Code 70896		Transaction ID : D689968
Purpose of Expenditure Print advertising		Category/Type 		Date of Disbursement or Obligation 11 / 09 / 2015	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 23911.50			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43511.74		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Martha Kuhl</i>			Date 01 / 31 / 2015		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 53
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> </div> </div>	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 09 2015 </div> </div>	
Mailing Address 2000 Franklin Street		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 9805.00 </div> </div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D689981 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 10 2015 </div> </div>
Purpose of Expenditure Online advertising		Category/ Type	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 137019.01 </div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 09 2015 </div> </div>	
Mailing Address 2000 Franklin Street		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 10466.00 </div> </div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D689982 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 11 10 2015 </div> </div>
Purpose of Expenditure Online advertising		Category/ Type	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 103164.16 </div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 20271.00 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

M M M
D D D
Y Y Y Y Y Y

01
31
2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 36 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Javier Moreno Pollaroio		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2015	
Mailing Address 1521 3rd Ave		Amount 20.00	
City Oakland	State CA	Zip Code 94606	Transaction ID : D689983
Purpose of Expenditure Translation services		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2015
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		103164.16	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2015	
Mailing Address 1101 8th Street		Amount 10064.71	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D689984
Purpose of Expenditure Printing		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2015
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		10084.71	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Martha Kuhl		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 37 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2015	
Mailing Address 945 Camelia St		Amount 28834.92	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D689991
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: 00 State: DC	
Calendar Year-To-Date Per Election for Office Sought 645099.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2015	
Mailing Address 945 Camelia St		Amount 1256.44	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D689992
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2015	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: 00 State: IA	
Calendar Year-To-Date Per Election for Office Sought 137019.01		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		30091.36	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Martha Kuhl		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 38 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2015	
Mailing Address 1101 8th Street		Amount 2144.01	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D689993
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: 00 State: DC	
Calendar Year-To-Date Per Election for Office Sought 645099.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2015	
Mailing Address 1101 8th Street		Amount 1161.20	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D689994
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: 00 State: DC	
Calendar Year-To-Date Per Election for Office Sought 645099.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		3305.21	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Martha Kuhl		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 40 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Outfront Media		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address 185 US Highway 46		Amount 9299.23		
City Fairfield	State NJ	Zip Code 07004	Transaction ID : D690137	
Purpose of Expenditure Print advertising		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		9299.23	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2015		
Mailing Address 1101 8th Street		Amount 32.71		
City Berkeley	State CA	Zip Code 94710	Transaction ID : D690141	
Purpose of Expenditure Shipping		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		9331.94		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Martha Kuhl		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2015		
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 41 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2015		
Mailing Address 945 Camelia St		Amount 1481.40		
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D690143	
Purpose of Expenditure Printing		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lamar Companies		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015		
Mailing Address PO Box 96030		Amount 2250.00		
City Baton Rouge	State LA	Zip Code 70896	Transaction ID : D690180	
Purpose of Expenditure Print advertising		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2015	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought		23911.50	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		3731.40		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Martha Kuhl		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 42 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Javier Moreno Pollaroio		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015	
Mailing Address 1521 3rd Ave		Amount 107.76	
City Oakland	State CA	Zip Code 94606	Transaction ID : D690633
Purpose of Expenditure Translation services		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2015	
Mailing Address 1101 8th Street		Amount 17159.50	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D690857
Purpose of Expenditure Printing		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2015
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		17267.26	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Martha Kuhl		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 43 OF 53
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee California Nurses Association Iowa caucus		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 04 / 2015
Mailing Address 2000 Franklin Street		Amount 5000.00
City Oakland	State CA	Zip Code 94612
Purpose of Expenditure Online advertising	Category/Type	Transaction ID : D691080 Date of Disbursement or Obligation MM / DD / YYYY 12 / 07 / 2015
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 137019.01		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association Nevada primary		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 04 / 2015
Mailing Address 2000 Franklin Street		Amount 5000.00
City Oakland	State CA	Zip Code 94612
Purpose of Expenditure Online advertising	Category/Type	Transaction ID : D691081 Date of Disbursement or Obligation MM / DD / YYYY 12 / 07 / 2015
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 103164.16		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2015

Signature

Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 08 / 2015	
Mailing Address 1101 8th Street		Amount 6007.90	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D691084
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 08 / 2015	
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate	District: <u>00</u> State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought	645099.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	7384.44
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 45 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee California Nurses Association			Date of Public Distribution/Dissemination 12 / 07 / 2015	
Mailing Address 2000 Franklin Street			Amount 100.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D691082	
Purpose of Expenditure Online advertising		Category/Type 	Date of Disbursement or Obligation 12 / 09 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought 645099.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Lamar Companies			Date of Public Distribution/Dissemination 12 / 09 / 2015	
Mailing Address PO Box 96030			Amount 1974.00	
City Baton Rouge	State LA	Zip Code 70896	Transaction ID : D691085	
Purpose of Expenditure Print advertising		Category/Type 	Date of Disbursement or Obligation 12 / 09 / 2015	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought 23911.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2074.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

01 / 31 / 2015

Signature

Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 11 / 2015	
Mailing Address 945 Camelia St		Amount 3148.75	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D691233
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015	
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President	<input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	645099.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	8887.31
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date _____

Signature

Three digital display units are shown, each with a 7-segment display. The first unit shows '01' with 'M' indicators above the segments. The second unit shows '31' with 'D' indicators above the segments. The third unit shows '2015' with 'Y' indicators above the segments.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 47 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee Electrum Resources			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12 / 15 / 2015</div>	
Mailing Address 23535 Maysville Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1850.00</div>	
City Maysville		State IA	Zip Code 52773-9767	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Transaction ID : D691560 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12 / 16 / 2015</div>
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">645099.79</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee John Murray Productions			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12 / 18 / 2015</div>	
Mailing Address 1196 32nd Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6903.68</div>	
City Emeryville		State CA	Zip Code 94608	
Purpose of Expenditure Event production and staging		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Transaction ID : D691557 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12 / 17 / 2015</div>
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">645099.79</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">8753.68</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <div style="text-align: right;">Martha Kuhl</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 31 / 2015</div> <div style="text-align: center;">[Electronically Filed]</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 48 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee California Nurses Association			Date of Public Distribution/Dissemination 12 / 16 / 2015	
Mailing Address 2000 Franklin Street			Amount 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D691558	
Purpose of Expenditure Online advertising		Category/ Type 	Date of Disbursement or Obligation 12 / 17 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee ELead Resources			Date of Public Distribution/Dissemination 12 / 18 / 2015	
Mailing Address 314 W Superior St			Amount 1687.50	
City Chicago	State IL	Zip Code 60654	Transaction ID : D691559	
Purpose of Expenditure Printing & shipping		Category/ Type 	Date of Disbursement or Obligation 12 / 17 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			1737.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Martha Kuhl</i>		[Electronically Filed] Date 01 / 31 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 49 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Campaign Workshop		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 11 / 2016	
Mailing Address 1129 20th Street, Suite 200		Amount 58745.88	
City Washington	State DC	Zip Code 20036	Transaction ID : D692603
Purpose of Expenditure Printing and mailshop fees		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 137019.01		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Campaign Workshop		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 27 / 2015	
Mailing Address 1129 20th Street, Suite 200		Amount 21298.05	
City Washington	State DC	Zip Code 20036	Transaction ID : D693073
Purpose of Expenditure Printing and mailshop fees		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 103164.16		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		80043.93	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Martha Kuhl		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 50 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Campaign Workshop		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2015
Mailing Address 1129 20th Street, Suite 200		Amount 22163.61
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Printing and mailshop fees	Category/ Type	Transaction ID : D693074 Date of Disbursement or Obligation MM / DD / YYYY 12 / 21 / 2015
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		MM / DD / YYYY 103164.16

Full Name of Payee Bus Bank		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2016
Mailing Address 820 West Jackson Suite 815		Amount 120635.00
City Chicago	State IL	Zip Code 60607
Purpose of Expenditure Bus tour expenses	Category/ Type	Transaction ID : D691806 Date of Disbursement or Obligation MM / DD / YYYY 12 / 22 / 2015
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		MM / DD / YYYY 645099.79

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	142798.61
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2015

Signature

Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2016	
Mailing Address 1101 8th Street		Amount 1780.02	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D691807
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 28 / 2015	
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President	<input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2016	
Mailing Address 1101 8th Street		Amount 3675.13	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D691808
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 28 / 2015	
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate	District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	5455.15
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 52 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Autumn Press			Date of Public Distribution/Dissemination MM / DD / YYYYYY 01 / 04 / 2016	
Mailing Address 945 Camelia St			Amount 11940.00	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D691809	
Purpose of Expenditure Printing		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYYYY 12 / 28 / 2015	
Name of Federal Candidate Bernie Sanders			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought 645099.79			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Autumn Press			Date of Public Distribution/Dissemination MM / DD / YYYYYY 01 / 04 / 2016	
Mailing Address 945 Camelia St			Amount 9511.69	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D691810	
Purpose of Expenditure Printing		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYYYY 12 / 28 / 2015	
Name of Federal Candidate BERNARD SANDERS			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought 137019.01			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			21451.69	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Martha Kuhl</i>			Date MM / DD / YYYYYY 01 / 31 / 2015	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 53 OF 53
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Autumn Press			Date of Public Distribution/Dissemination 01 / 04 / 2016	
Mailing Address 945 Camelia St			Amount 1160.72	
City Berkeley		State CA	Zip Code 94710-1437	
Purpose of Expenditure Printing		Category/ Type 	Transaction ID : D691811 Date of Disbursement or Obligation 12 / 28 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		645099.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Alliance Graphics			Date of Public Distribution/Dissemination 01 / 04 / 2016	
Mailing Address 1101 8th Street			Amount 1126.23	
City Berkeley		State CA	Zip Code 94710	
Purpose of Expenditure Printing		Category/ Type 	Transaction ID : D691812 Date of Disbursement or Obligation 12 / 29 / 2015	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		645099.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			2286.95	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶			918493.69	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Martha Kuhl</i>		[Electronically Filed]		Date 01 / 31 / 2015